OCT. 15. 2002 11:48AM



I hereby certify that this correspondence is being sent via facsimile 703-748-5038 to Examiner Chih Min Karn, Group Art Unit No. 1653 at the United States Patent and Trademark Office on:

October 15, 2002

Date of Facsimile

Paul E. Rauch, Ph.D.

Name of Applicant, assignee or Registered Representative

Signature

NO. 4837 P. 4 The Standard P.

official

Our File No. 09800080-0017

Examiner Chih Min Kam

Group Art Unit No. 1653

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CMK

In re Application of:

Serial No. 09/687,951

Jeffrey I. Cleland, et al.

Filing Date: October 13, 2000

For Injection Vehi Formulations

Injection Vehicle for Polymer-Based

Commissioner for Patents Washington, D.C. 20231

Dear Sir:

Responsive to the Office Action of July 25, 2002, Applicant respectfully requests reconsideration in light of the following remarks.

AMENDMENT

In the Claims

Please cancel claims 24 and 32, without prejudice to their further prosecution in a divisional and/or continuation application.

Please amend Claims 17, 20, 21, 29, 30, 33 and 35 as follows:

W1

- 17. (Twice Amended) An injectable formulation, comprising:
- (a) particles comprising a biocompatible polymeric matrix, the matrix comprising a poly(lactide-co-glycolide);

NO. 4837 P. 3

I hereby certify that this correspondence is being sent via facsimile 703-746-5038 to Examiner Chih Min Kam, Group Art Unit No. 1653 at the United States Patent and Trademark Office on:

> October 15, 2002 Date of Facsimile

Paul E. Rauch, Ph.D.

Name of Applicant, assignee or Registered Representative

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Filing Date: October 13, 2000		Group Art Unit No. 1653
For	Injection Vehicle for Polymer-Based Formulations)

TRANSMITTAL

Commissioner for Patents Washington, D.C. 20231

Dear Sir:

Transmitted herewith is:

No additional fee is required for additional Independent, Dependent or Multiple Dependent Claims.

	Claims Remaining After Amendment	Highesi No. Previously	Present Extra	Şmali	Small Entity		Other Than A Small Entity		
				Rale	Azidit. Fee		Rate	Addil. Fee	
Total	17	Minus	20	0	х 9 =	\$		z 18 =	\$0
Indep.	2	Minus	4	0	x 42 =	5		x 84 =	\$0
© First Presentation of Multiple Dependent Claim					x 140 =	*		x 280 =	\$0
Total Additional Fee						\$		Total	\$0

The Commissioner is hereby authorized to charge any fees associated with this communication or credit any overpayment to Deposit Account No. 19-3140. A duplicate copy of this sheet is attached.

Respectfully submitted,

Paul E. Rauch, Ph.D. Registration No. 38,591 Attorney for Applicant

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